

PERMITTEE NAME/ADDRESS(INCLUDE
FACILITY NAME/LOCATION IF DIFFERENT)

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM(NPDES)
DISCHARGE MONITORING REPORT(DMR)

Municipal Minor 07/02/2012

DEPT. OF ENVIRONMENTAL QUALITY
(REGIONAL OFFICE)

South Central Regional Office
7705 Timberlake Rd

Lynchburg VA 24502

NAME Boydton WWTP
ADDRESS PO Box 62
Boydton VA 23917

FACILITY LOCATION SR 1205 Mecklenburg County

VA0026247	001
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD						
YEAR	MO	DAY		YEAR	MO	DAY
			TO			

FROM

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS
BEFORE COMPLETING THIS FORM.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
001 FLOW	REPORTD				*****	*****	*****				
	REQRMNT	.360	NL	MGD	*****	*****	*****			CONT	REC
002 PH	REPORTD	*****	*****			*****					
	REQRMNT	*****	*****		6.0	*****	9.0	SU		1 / DAY	GRAB
004 TSS	REPORTD				*****						
	REQRMNT	41	61	KG/D	*****	30	45	MG/L		3D/W	8HC
007 DO	REPORTD	*****	*****			*****	*****				
	REQRMNT	*****	*****		5.0	*****	*****	MG/L		1 / DAY	GRAB
157 CL2, TOTAL CONTACT	REPORTD	*****	*****			*****	*****				
	REQRMNT	*****	*****		1.5	*****	*****	MG/L	9	3 / DAY	GRAB
165 CL2, INST RES MAX	REPORTD	*****	*****		*****						
	REQRMNT	*****	*****		*****	10.1	12.2	UG/L		1 / DAY	GRAB
196 ZINC, TOTAL RECOVERABLE	REPORTD	*****	*****		*****						
	REQRMNT	*****	*****		*****	94	94	UG/L		1 / 3M	GRAB
213 CL2, INST TECH MIN LIMIT	REPORTD	*****	*****			*****	*****				
	REQRMNT	*****	*****		0.6	*****	*****	MG/L		3 / DAY	GRAB

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

BYPASSES AND OVERFLOWS	TOTAL OCCURRENCES	TOTAL FLOW(M.G.)	TOTAL BOD5(K.G.)	OPERATOR IN RESPONSIBLE CHARGE			DATE		
I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.				TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	YEAR	MO.	DAY
	PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT					TELEPHONE			
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DISCHARGE MONITORING REPORT(DMR)

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		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
358 AMMONIA, AS N DEC-APR	REPORTD	*****	*****		*****						
	REQRMNT	*****	*****		*****	10.5	10.5	MG/L		1/M	8HC
418 CBOD5, MAY-NOV	REPORTD				*****						
	REQRMNT	17.7	27	KG/D	*****	13	20	MG/L		3D/W	8HC
419 CBOD5, DEC-APR	REPORTD				*****						
	REQRMNT	34	51	KG/D	*****	25	38	MG/L		3D/W	8HC
420 TKN, MAY-NOV	REPORTD				*****						
	REQRMNT	4.1	6.1	KG/D	*****	3.0	4.5	MG/L		3D/W	8HC
	REPORTD										
	REQRMNT									*****	
	REPORTD										
	REQRMNT									*****	
	REPORTD										
	REQRMNT									*****	
	REPORTD										
	REQRMNT									*****	

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VA0026247				GW			
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		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
002 PH	REPORTD	*****	*****			*****					
	REQRMNT	*****	*****		NL	*****	NL	SU		1 / 3M	GRAB
006 COLIFORM, FECAL	REPORTD	*****	*****		*****	*****					
	REQRMNT	*****	*****		*****	*****	NL	MG/L		1 / 3M	GRAB
012 PHOSPHORUS, TOTAL (AS P)	REPORTD	*****	*****		*****	*****					
	REQRMNT	*****	*****		*****	*****	NL	MG/L		1 / 3M	GRAB
059 CARBON, TOTAL ORGANIC	REPORTD	*****	*****		*****	*****					
	REQRMNT	*****	*****		*****	*****	NL	MG/L		1 / 3M	GRAB
145 CHLORIDES	REPORTD	*****	*****		*****	*****					
	REQRMNT	*****	*****		*****	*****	NL	MG/L		1 / 3M	GRAB
214 CONDUCTIVITY	REPORTD	*****	*****		*****	*****					
	REQRMNT	*****	*****		*****	*****	NL	UM/CM		1 / 3M	GRAB
751 STATIC WATER LEVEL	REPORTD	*****			*****	*****	*****				
	REQRMNT	*****	NL	FT	*****	*****	*****			1 / 3M	MEAS
752 AMMONIA NITROGEN	REPORTD	*****	*****		*****	*****					
	REQRMNT	*****	*****		*****	*****	NL	MG/L		1 / 3M	GRAB

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

Use GW Outall for GW1 DMR; GW was already set up in CEDS before GW2 and GW3 were added - CEDS would not allow the change from GW to GW1. pb

BYPASSES AND OVERFLOWS	TOTAL OCCURRENCES	TOTAL FLOW(M.G.)	TOTAL BOD5(K.G.)	OPERATOR IN RESPONSIBLE CHARGE			DATE		
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		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
753 NITRATE NITROGEN	REPORTD	*****	*****		*****	*****					
	REQRMNT	*****	*****		*****	*****	NL	MG/L		1 / 3M	GRAB
	REPORTD										
	REQRMNT									*****	
	REPORTD										
	REQRMNT									*****	
	REPORTD										
	REQRMNT									*****	
	REPORTD										
	REQRMNT									*****	
	REPORTD										
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	REQRMNT									*****	
	REPORTD										
	REQRMNT									*****	

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VA0026247			GW2			
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002 PH	REPORTD	*****	*****			*****					
	REQRMNT	*****	*****		NL	*****	NL			1 / 3M	GRAB
006 COLIFORM, FECAL	REPORTD	*****	*****		*****	*****					
	REQRMNT	*****	*****		*****	*****	NL			1 / 3M	GRAB
012 PHOSPHORUS, TOTAL (AS P)	REPORTD	*****	*****		*****	*****					
	REQRMNT	*****	*****		*****	*****	NL			1 / 3M	GRAB
059 CARBON, TOTAL ORGANIC	REPORTD	*****	*****		*****	*****					
	REQRMNT	*****	*****		*****	*****	NL			1 / 3M	GRAB
145 CHLORIDES	REPORTD	*****	*****		*****	*****					
	REQRMNT	*****	*****		*****	*****	NL			1 / 3M	GRAB
214 CONDUCTIVITY	REPORTD	*****	*****		*****	*****					
	REQRMNT	*****	*****		*****	*****	NL			1 / 3M	GRAB
751 STATIC WATER LEVEL	REPORTD	*****			*****	*****	*****				
	REQRMNT	*****	NL		*****	*****	*****			1 / 3M	MEAS
752 AMMONIA NITROGEN	REPORTD	*****	*****		*****	*****					
	REQRMNT	*****	*****		*****	*****	NL			1 / 3M	GRAB

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NAME Boydton WWTP
ADDRESS PO Box 62
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VA0026247			GW2			
PERMIT NUMBER			DISCHARGE NUMBER			
MONITORING PERIOD						
YEAR	MO	DAY		YEAR	MO	DAY
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		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
753 NITRATE NITROGEN	REPORTD	*****	*****		*****	*****					
	REQRMNT	*****	*****		*****	*****	NL			1 / 3M	GRAB
	REPORTD										
	REQRMNT									*****	
	REPORTD										
	REQRMNT									*****	
	REPORTD										
	REQRMNT									*****	
	REPORTD										
	REQRMNT									*****	
	REPORTD										
	REQRMNT									*****	
	REPORTD										
	REQRMNT									*****	
	REPORTD										
	REQRMNT									*****	

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VA0026247			GW3			
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002 PH	REPORTD	*****	*****			*****					
	REQRMNT	*****	*****		NL	*****	NL			1 / 3M	GRAB
006 COLIFORM, FECAL	REPORTD	*****	*****		*****	*****					
	REQRMNT	*****	*****		*****	*****	NL			1 / 3M	GRAB
012 PHOSPHORUS, TOTAL (AS P)	REPORTD	*****	*****		*****	*****					
	REQRMNT	*****	*****		*****	*****	NL			1 / 3M	GRAB
059 CARBON, TOTAL ORGANIC	REPORTD	*****	*****		*****	*****					
	REQRMNT	*****	*****		*****	*****	NL			1 / 3M	GRAB
145 CHLORIDES	REPORTD	*****	*****		*****	*****					
	REQRMNT	*****	*****		*****	*****	NL			1 / 3M	GRAB
214 CONDUCTIVITY	REPORTD	*****	*****		*****	*****					
	REQRMNT	*****	*****		*****	*****	NL			1 / 3M	GRAB
751 STATIC WATER LEVEL	REPORTD	*****			*****	*****	*****				
	REQRMNT	*****	NL		*****	*****	*****			1 / 3M	MEAS
752 AMMONIA NITROGEN	REPORTD	*****	*****		*****	*****					
	REQRMNT	*****	*****		*****	*****	NL			1 / 3M	GRAB

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753 NITRATE NITROGEN	REPORTD	*****	*****		*****	*****					
	REQRMNT	*****	*****		*****	*****	NL			1 / 3M	GRAB
	REPORTD										
	REQRMNT									*****	
	REPORTD										
	REQRMNT									*****	
	REPORTD										
	REQRMNT									*****	
	REPORTD										
	REQRMNT									*****	
	REPORTD										
	REQRMNT									*****	
	REPORTD										
	REQRMNT									*****	
	REPORTD										
	REQRMNT									*****	

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South Central Regional Office
7705 Timberlake Rd

Lynchburg VA 24502

NAME Boydton WWT
ADDRESS PO Box 62
Boydton VA 23917
FACILITY SR 1205 Mecklenburg County
LOCATION

VA0026247				Slg			
PERMIT NUMBER				DISCHARGE NUMBER			
MONITORING PERIOD							
YEAR	MO	DAY		YEAR	MO	DAY	
			TO				

FROM

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS
BEFORE COMPLETING THIS FORM.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
019 COPPER, TOTAL (AS CU)	REPORTD	*****	*****		*****						
	REQRMNT	*****	*****		*****	1500	4300	MG/KG		1/YR	COMP
020 ZINC, TOTAL (AS ZN)	REPORTD	*****	*****		*****						
	REQRMNT	*****	*****		*****	2800	7500	MG/KG		1/YR	COMP
021 NICKEL, TOTAL (AS NI)	REPORTD	*****	*****		*****						
	REQRMNT	*****	*****		*****	420	420	MG/KG		1/YR	COMP
033 ARSENIC, TOTAL (AS AS)	REPORTD	*****	*****		*****						
	REQRMNT	*****	*****		*****	41	75	MG/KG		1/YR	COMP
034 LEAD, TOTAL (AS PB)	REPORTD	*****	*****		*****						
	REQRMNT	*****	*****		*****	300	840	MG/KG		1/YR	COMP
042 MERCURY, TOTAL (HG)	REPORTD	*****	*****		*****						
	REQRMNT	*****	*****		*****	17	57	MG/KG		1/YR	COMP
090 MOLYBDENUM, TOTAL (AS MO)	REPORTD	*****	*****		*****						
	REQRMNT	*****	*****		*****	NA	75	MG/KG		1/YR	COMP
096 CADMIUM, TOTAL (AS CD)	REPORTD	*****	*****		*****						
	REQRMNT	*****	*****		*****	39	85	MG/KG		1/YR	COMP

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

BYPASSES AND OVERFLOWS	TOTAL OCCURRENCES	TOTAL FLOW(M.G.)	TOTAL BOD5(K.G.)	OPERATOR IN RESPONSIBLE CHARGE			DATE		
I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.				TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	YEAR	MO.	DAY
				PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE			
				TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY

PERMITTEE NAME/ADDRESS(INCLUDE
FACILITY NAME/LOCATION IF DIFFERENT)

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM(NPDES)
DISCHARGE MONITORING REPORT(DMR)

Municipal Minor 07/02/2012

DEPT. OF ENVIRONMENTAL QUALITY
(REGIONAL OFFICE)

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7705 Timberlake Rd

Lynchburg VA 24502

NAME Boydton WWTP
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FACILITY LOCATION SR 1205 Mecklenburg County

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PERMIT NUMBER			DISCHARGE NUMBER			
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BEFORE COMPLETING THIS FORM.**

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		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
152 SELENIUM, TOTAL (AS SE)	REPORTD	*****	*****		*****						
	REQRMNT	*****	*****		*****	100	100	MG/KG		1/YR	COMP
672 SOLIDS, TOTAL, SLUDGE AS PERCENT	REPORTD				*****	*****	*****				
	REQRMNT	NL	NA	MG	*****	*****	*****			1/YR	COMP
	REPORTD										
	REQRMNT									*****	
	REPORTD										
	REQRMNT									*****	
	REPORTD										
	REQRMNT									*****	
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	REPORTD										
	REQRMNT									*****	
	REPORTD										
	REQRMNT									*****	

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

BYPASSES AND OVERFLOWS	TOTAL OCCURRENCES	TOTAL FLOW(M.G.)	TOTAL BOD5(K.G.)	OPERATOR IN RESPONSIBLE CHARGE			DATE		
I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.				TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	YEAR	MO.	DAY
	PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT					TELEPHONE			
				TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY

This report is required by your VPDES permit and by law. (See, e.g., the Code of Virginia of 1950 §62.1-44.5 and 9 VAC 25-31-50.) Failure to report or failure to report truthfully can result in civil penalties of \$32,500 per violation, per day and felony prosecutions which can carry a 15 year term.

DISCHARGE MONITORING REPORT (DMR) - GENERAL INSTRUCTIONS

- 1. Complete this form in permanent ink or indelible pencil. The use of 'correction fluid/tape' is not allowed.**
- 2. Be sure to enter the dates for the first and last day of the period covered by the report on the form in the space marked "Monitoring Period".**
- 3. For those parameters where the "permit requirement" spaces have a requirement or limitation, provide data in the "reported" spaces in accordance with your permit.**
- 4. Enter the average and maximum quantities and units in the "reported" spaces in the columns marked "Quantity or Loading".**
KG/DAY = Concentration (mg/L) x Flow (MGD) x 3.785 G/D (Grams/Day) = Concentration (mg/L) x Flow (MGD) x 3785
- 5. Enter maximum, minimum, and/or average concentrations and units in the "reported" spaces in the columns marked "Quality or Concentration".**
- 6. For all parameters enter the number of samples which do not comply with the maximum and/or minimum permit requirements in the "reported" space in the column marked "No. Ex." (Number of Exceedances). If none, enter "0". Do NOT include monthly average violations in this field. Include any Maximum 7-Day Average and Maximum Weekly Average violations in this field. Permittees with continuous pH, or temperature monitoring requirements should consult the permit for what constitutes an exceedance and report accordingly.**
- 7. You are required to sample (at a minimum) according to the Sample Frequencies and Sample Types specified in your permit.**
- 8. Enter the actual frequency of analysis for each parameter (number of times per day, week, month, etc.) in the "reported" space in the column marked "Frequency of Analysis".**
- 9. Enter the actual type of sample (Grab, 8HC, 24HC, etc) collected for each parameter in the "reported" space in the column marked "Sample Type".**
- 10. Enter additional required data or comments in the space marked "additional permit requirements or comments". If additional required data or comments are appended to the DMR, reference appended correspondence in this field.**
- 11. Record the number of bypasses during the month, the total flow in million gallons (MG) and BOD5 in kilograms (KG) in the proper columns in the section marked "Bypasses and Overflows".**
- 12. The operator in responsible charge of the facility should review the form and sign in the space provided. If the plant is required to have a licensed operator or if the operator in responsible charge of the facility is a licensed operator, the operator's signature and certificate number must be reported in the spaces provided.**
- 13. The principal executive officer then reviews the form and must sign in the space provided and provide a telephone number where he/she can be reached. Every page of the DMR must have an original signature.**
- 14. Send the completed form(s) with original signatures to your Department of Environmental Quality Regional Office by the 10th of each month unless otherwise specified in the permit.**
- 15. You are required to retain a copy of the report for your records.**
- 16. Where violations of permit requirements are reported, attach a brief explanation in accordance with the permit requirements describing causes and corrective actions taken. Reference each separate violation by date.**
- 17. If you have any questions, contact the Department of Environmental Quality Regional Office listed on the DMR.**